TRINIDAD AND TOBAGO

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) office in Trinidad and Tobago is part of CDC's Caribbean Regional Office (CRO). CRO opened in 2002 in Trinidad and Tobago and relocated to Barbados in 2008, followed by another move to Jamaica in 2018. CDC works to support the Government of Trinidad and Tobago and other partners in country to reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals and accelerate HIV epidemic control, through support of adoption of World Health Organization (WHO) and globally known best practices. The UNAIDS 95-95-95 targets are, by 2030: 95 percent of all people living with HIV (PLHIV) will know their HIV status; 95 percent of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART will have viral suppression. CDC's main goals are to: Improve access to quality services for PLHIV; re-engage PLHIV lost to follow up and retain them on treatment to achieve viral suppression; enhance laboratory capacity and improve viral load testing services; and improve data access and quality, particularly for key populations to inform program decisions. Trinidad and Tobago has recently benefitted from very high-level political commitment and policy changes that supported a significant turnaround in treatment results. Leveraging existing political commitment and support, CDC will support fast tracking and adoption of additional international best practices and policies based on WHO recommendations to continue accelerating progress.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Prevention, Care and Treatment: CDC is building clinical capacity to institutionalize Treat All Guidelines and support gaps in the 95-95-95 cascade.

- Working with the Ministry of Health and Medical Research Foundation to build capacity to Treat All (all PLHIV are started on ART); returning PLHIV who have been lost to follow up into treatment; finding new positive patients; expanding key population's (KP's) access and utilization of prevention and treatment services (differentiated care models and evening clinic hours); and providing counseling on adherence to treatment.
- To improve the clinical cascade: Providing technical assistance for case-finding, which includes index testing (involves identifying current and former partners and household members of PLHIV) and enhanced partner notification; targeted interventions for high risk men through men's health services; integrated sexually transmitted infections (STI) and HIV prevention care and treatment; and revision of testing policy to include HIV infection recency testing.
- For patients diagnosed but not on ART: Implementing lost to follow up and return to care interventions; launching Undetectable equals Untransmissible (U=U) to message that once viral suppression is reached and HIV is undetectable on tests, PLHIV will not transmit the virus to others; implementing entry to care campaigns to bring patients who are out of care back to care; and strengthening peer navigation.
- For patients already on ART: Enhancing psychosocial services and treatment adherence support; messaging U=U; viremia clinics to review the management of patients who are not virally suppressed; and fast tracking stable patients (Rapid Pathway Model).

Enhance Laboratory Capacity:

- Supporting continuous quality improvement toward accreditation, including strengthening human resource capacity through technical training.
- Implementing the HIV Rapid Test Quality Improvement Initiative and monitoring Quality Assurance of HIV testing; and providing external quality assurance panels to monitor HIV and related testing.
- Expanding the Laboratory Information System.
- Scaling up and strengthening of viral load testing.
- Strengthening National Laboratory Services Network.
- Support implementation of routine HIV drug resistance testing.

Strategic Information:

- Enhancing the availability of high quality and timely data by strengthening essential data and information systems in order to monitor and evaluate program interventions.
- Strengthening patient tracking and monitor Treat All implementation.
- Improving the quality and availability of KPs data by completing a bio-behavioral surveys amongst men who have sex with men and female sex workers, and strengthening systems for surveillance of STI.
- Ensuring timely data analysis and use.
- Support staff capacity at the national, regional and site levels to monitor and evaluate the HIV program and make informed programmatic and policy decisions.

Key Country Leadership

U.S. Ambassador:
Joseph N. Mondello

Deputy Chief of Mission:
David N. Richelsoph

CDC Regional Director:
Varough Deyde

Prime Minister:
Keith Rowley

Minister of Health:
Terrence Deyalsingh

Country Quick Facts (worldbank.org/en/where-we-work)

Per Capita GNI:
$16,240 (2018)

Population (million):
1.39 (2018)

Under 5 Mortality:
26/1,000 live births (2017)

Life Expectancy:
71 years (2017)

Global HIV/AIDS Epidemic (aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): N/A (2018)

Estimated AIDS Deaths (Age ≥15): N/A (2018)

Estimated Orphans due to AIDS: N/A (2018)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): N/A (2018)

Global Tuberculosis (TB) Epidemic (who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
17/100,000 population (2017)

TB patients with known HIV-Status who are HIV-Positive:
12% (2017)

TB Treatment Success Rate:
75% (2016)

TB Mortality:
1.6/100,000 population (2017)

DGHT Country Staff: 1

Locally Employed Staff: 1
Direct Hires: 0
Fellows & Contactors: 0

Our success is built on the backbone of science and strong partnerships.